

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225-2309

(601)961-5210

(601)360-0535 (fax)

For Office Use Only:

Well #: K64

Aquifer: _____

E-Log #: _____

County: Jasper
 Permit #: _____
 Driller: Cain
 Date drilling completed: 5-28-14

New Farm

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Well Owner Information (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Nathan Hayes</u> Mailing Address: <u>299 CR 293</u></p> <p><u>Bay Springs</u> MS <u>39422</u> City State Zip Code</p> <p>Telephone No. <u>(601) 764-2724</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32°0'5"N</u> Longitude: <u>89°9'14"W</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p>USGS quad <u>N 5E 1/4 E NE 1/4, Sec 22 T 2N R 11E</u></p> <p><u>6</u> Miles <u>East</u> of <u>Bay Springs MS</u> (Distance) (Direction) (Nearest Town)</p>
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Well / Borehole Data

Date drilling started: 21-13 Date drilling completed: 5-28-14 Hole depth: 460 Hole diameter: 4"

Location of the source of any surface water used for drilling: Comm Water System

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): Chicken House

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 140 feet [above or below] land surface Date measured: 5-27-14
 (circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String

Well depth: 460 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 420 feet to 460 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 400 feet

If telescoped or more than one screen, describe on next page

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BY: OLWR

MS Water Well Drilling 0-374 6-24-14 Nelson Cain

Form: OLWR-SWR-1A (4/13)

County: Jasper
 Permit #: _____

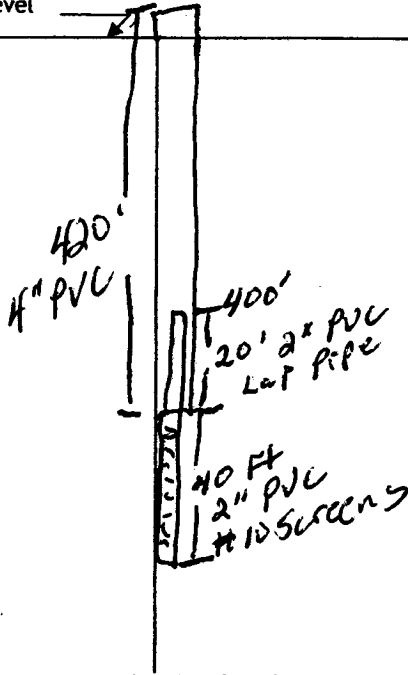
For Office Use Only:

Well #: K64

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level _____

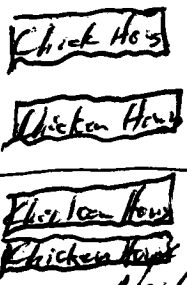
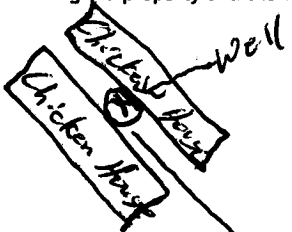


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil & Clay	Ground level	20
Sand	20	50
Clay	50	240
Sand	240	365
Seasalted Sand	365	385
Clay	385	420
Coar Sand	420	460

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow



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Landowner Name: Nathan Hayes

BY: **OLWR**

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

MS Water Well Drilling 0374 624-14 Nelson
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: K64
 Aquifer: _____

County: Tasfer
 Permit #: _____
 Driller: Cain
 Date completed: 5-28-14
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Nathan Hayes</u>	Latitude: <u>32° 0' 5" N</u> Longitude: <u>89° 9' 14" W</u>
Mailing Address: <u>299 CR 253</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City: <u>Bay Springs</u> State: <u>MS</u> Zip Code: <u>39422</u>	<u>N</u> ^{SE} <u>1/4</u> NE ^{NE} <u>1/4</u> , Sec. <u>22</u> T <u>2N</u> R <u>11E</u>
Telephone No. <u>(601) 764-2724</u>	<u>6</u> Miles <u>East</u> of <u>Bay Springs MS</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5-27-14 Rated Pump Capacity: 50 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 5 hp Setting Depth: 200 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: 5-27-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 190 Feet Below Land Surface Pumping Water Level (B): 165 Feet Below Land Surface

Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 65 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 65 GPM with a drawdown of 25 feet after 4 hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Ms Water Well Drilling 0-3746-24-14 Nathan Hayes
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer